PTO

PTO/SB/50 (06-03)
Approved for use through 01/31/2004. OMB 0651-0033
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	Attorney Do	cket No.	P69535US0							
	First Named	Inventor	Gerrish							
Mail Stop Reissue	Original Pate	ent Number	6,358,503							
Commissioner for Patents P.O. Box 1450		ent Issue Date	March 19, 2002							
Alexandria, VA 22313-1450	(Month/Day/ Express Mai		March 19, 2002							
APPLICATION FOR REISSUE OF:										
(Check applicable box)	Design Patent Plant Patent									
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS									
	Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)									
2. Applicant claims small entity status. See 37 CFR 1.	Applicant claims small entity status. See 37 CFR 1.27.									
3. ✓ Specification and Claims in double column copy of (amended, if appropriate)	Specification and Claims in double column copy of patent format (amended, if appropriate)									
4. Drawing(s) (proposed amendments, if appropriate)										
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)	Reissue Oath/Declaration (original or copy)									
6. Power of Attorney		13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
7. Original U.S. Patent currently assigned? Yes (If Yes, check applicable box(es))										
Written Consent of all Assignees (PTO/SB/53)	Written Consent of all Assignees (PTO/SB/53)									
√ 37 CFR 3.73(b) Statement (PTO/SB/96)	Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)									
8. CD-ROM or CD-R in duplicate, Computer Program or large table	17. Other:									
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)										
a. Computer Readable Form (CFR)										
b. Specification Sequence Listing on:										
i										
c. Statements verifying identity of above copies										
18. CORRESPONDENCE ADDRESS										
✓ Customer Number: 00136		OR	Correspondence address below							
Name										
Address										
City	State Zip Code									
Country Te	Telephone									
Name (Prini/Type) Joseph G. Contrera Registration No. (Attorney/Agent) 44,628										
Signature	1	Da								

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/58 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM									Pt	3953 ——	535US0 					
		(1)		(2)	 -	Claims as File (3)	<u>ed - 1</u>	Part 1	- Cmall	1 Entity		-		Other than a Sm		
		Claims in Patent	F	(2) nber Filed in Reissue pplication		Number Extra	8	Rate		Fee			Ť	Other than a Sm Rate	Fee	
Total Claims (37 CFR 1.18(j)) Independent claims		(A) 15	(B)	15	***	10 ,	8	×\$_	=				\neg	x\$=	0	
(37 CFR 1.16(i))		(C) 3	(D)	3	<u></u> .	,	=	×\$_				•	or	x\$=	0	
						Basic Fee (3	37 CF	R 1.16(h	***	s_					\$ 770.00	
	_					Total Filing F	Fee			s		ĺ_		OR	\$ <u>770.00</u>	
Claims as Amended - Part 2																
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		Claims Rem After Amend			Pro	est Number reviously Paid For	C	Extra Claims Present	Rate		Fee			Rate	Fee	
Total Claims (37 CFR 1.16(j))		- 28	,	MINUS	**	15	Ŀ	= 13	x \$ _	=				x\$_18_=	234.00	
Independent Claims (37 CFR 1.16(i))	•••	• 6		MINUS	****	3	=	3	×\$_	=				x\$ <u>86</u> =	258.00	
	_						To	otal Addi	itional F	Fee	\$		1_	OR	\$ 492.00	
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancellation of claims. **** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20). ***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number																
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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